



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 1.2.4	Subject: REIMBURSABLE MEETING COSTS
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 2 and Attachment
Section 3: Fiscal Management	Effective Date: March 15, 2005
Signature: /s/ Mike Ferriter, Director	Annual Review: 10/24/06

I. POLICY

The Department of Corrections will adopt guidelines established in 2-18-501 through 2-18-512, MCA, Travel, Meals, and Lodging Rates; and, the Montana Operations Manual, Volume 1, Chapter 0300, Employee Travel.

II. APPLICABILITY

All Department divisions, facilities, and programs.

III. REFERENCES

- A. 2-15-112; 2-18-501 through 2-18-512; *Montana Code Annotated*
- B. Vol. 1, Chapter 0300; *Montana Operations Manual*

IV. DEFINITIONS

None.

V. DEPARTMENT DIRECTIVES

A. General Requirements

1. State funded refreshments will not be provided during the course of meetings or for special occasions. The two exceptions to this policy are:
 - a. formal meetings of advisory councils or boards, whose purpose is to advise and recommend policy to the Department. Refreshment costs may not exceed the current per diem set by *MCA 2-18-501 through 2-18-512*; and
 - b. working meetings that continue during a meal period with out-of-town employees or non-employees participating. A meal may be ordered with costs not to exceed the current per diem set by *MCA 2-18-501 through 2-18-512*. Payment requests must include date, time, meeting location, and the list of attendees.
2. Staff may charge meeting costs to the employee's State of Montana procurement card or complete a travel voucher electronically or manually (see Attachment). The pro-card log or expense voucher must include receipts and be signed manually by the employee and supervisor.
3. The employee will retain a copy of each expense voucher and receipts for his or her own records.

Policy No. DOC 1.2.4	Chapter 1: Administration and Management	Page 2 of 2
Subject: REIMBURSABLE MEETING COSTS		

VI. CLOSING

Questions concerning this policy should be directed to the Administrative and Financial Services Division.

VII. ATTACHMENT

Travel Expense Voucher

State Of Montana					IMPORTANT!									
Travel Expense Voucher					Refer to instructions before preparing. Do not submit vouchers more than twice monthly.									
Name: _____					Month/Year: _____									
Address: _____					Department Headquarters: _____									
City: _____					Organization Center: _____									
State: _____ Zip Code: _____					Social Security Number: _____									
Briefly explain nature of trip(s): 														
	1		2		3	4	5	6	7		8	9		
Day	Departure Time	AM PM	Arrival Time	AM PM	Travel Details	Mode of Travel	Personal Car/Air Milage	Milage Allowance: Miles x Rate	Per Diem Allowed		Other Expenses	Total Amount		
									Attach Lodging Receipt					
									Lodging	Meals				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
For Agency Use Only					10	Column Totals								
					11	Less Travel Advance Received								\$0.00
					12	Net Reimbursement Due Me								\$0.00
					13	Net Payment Due State								\$0.00
Miscellance Expenses:														
I hereby certify this is a valid travel claim to the State in accordance with statutes and administrative procedures.														
Employee's signature:								Date:						
Supervisor's approval:								Date:						